

Form Approved
OMB No. 0704-0248

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.

1. TANKER BARGE <input type="checkbox"/> LOADING REPORT <input type="checkbox"/> DISCHARGE REPORT		2. INSPECTION OFFICE		3. REPORT NUMBER	
4. AGENCY PLACING ORDER ON SHIPPER, CITY, STATE AND/OR LOCAL ADDRESS <i>(Loading)</i>			5. DEPARTMENT		6. PRIME CONTRACT OR P.O. NUMBER
7. NAME OF PRIME CONTRACTOR, CITY, STATE AND/OR LOCAL ADDRESS <i>(Loading)</i>				8. STORAGE CONTRACT	
9. TERMINAL OR REFINERY SHIPPED FROM, CITY, STATE AND/OR LOCAL ADDRESS <i>(Loading)</i>				10. ORDER NUMBER ON SUPPLIER	
11. SHIPPED TO <i>(Receiving Activity, City, State and/or Local Address)</i>				12. B/L NUMBER	
				13. REQN. OR REQUEST NO.	14. CARGO NUMBER
15. VESSEL		16. DRAFT ARRIVAL FORE		17. DRAFT SAILING FORE AFT	
18. PREVIOUS TWO CARGOES FIRST LAST		19. PRIOR INSPECTION AFT			
20. CONDITION OF SHORE PIPELINE		21. APPROPRIATION <i>(Loading)</i>			22. CONTRACT ITEM NO.
23. PRODUCT		24. SPECIFICATIONS			
25. STATEMENT OF QUANTITY		LOADED	DISCHARGED	LOSS/GAIN	PER CENT
BARRELS <i>(42 Gals/Net)</i>					
GALLONS <i>(Net)</i>					
TONS <i>(Long)</i>					
26. STATEMENT OF QUALITY					
TESTS		SPECIFICATION LIMITS		TEST RESULTS	
27. TIME STATEMENT		DATE	TIME	28. REMARKS <i>(Note in detail cause of delays such as repairs, breakdown, slow operation, stoppage, etc.)</i>	
NOTICE OF READINESS TO LOAD DISCHARGE					
VESSEL ARRIVED IN ROADS					
MOORED ALONGSIDE					
STARTED BALLAST DISCHARGE					
FINISHED BALLAST DISCHARGE					
INSPECTED AND READY TO LOAD DISCHARGE					
CARGO HOSES CONNECTED					
COMMENCED LOADING DISCHARGE					
STOPPED LOADING DISCHARGING					
RESUMED LOADING DISCHARGING					
FINISHED LOADING DISCHARGING					
CARGO HOSES REMOVED					
VESSEL RELEASED BY INSPECTOR					
COMMENCED BUNKERING					
FINISHED BUNKERING					
VESSEL LEFT BERTH <i>(Actual/Estimated)</i>					
30. I CERTIFY THAT THE CARGO WAS INSPECTED, ACCEPTED AND LOADED/DISCHARGED AS INDICATED HEREON.				31. I HEREBY CERTIFY THAT THIS TIME STATEMENT IS CORRECT.	
(Date) (Signature of Authorized Government Representative)				(Master or Agent)	